

05/23/03
01576 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL		
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	CPR-00101.P.1-US
	First Inventor or Application Identifier	Miyazaki, Mizuo
	Title	Methods for Preventing Adhesion Formation Using Protease Inhibitors
	Express Mail Label No.	EL 892181348 US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages of application 31]</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</p> <p>4. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (For continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>		
ACCOMPANYING APPLICATION PARTS		

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FEE TRANSMITTAL		Complete if Known	
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.		Application Number:	To be determined
		Filing Date:	Herewith
		First Named Inventor:	Miyazaki, Mizuo
		Group / Art Unit:	To be determined
Total Amount of Payment	\$501.00	Docket Number:	CPR-00101.P.1-US

METHOD OF PAYMENT
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <input type="checkbox"/> Deposit Account Name: <input type="checkbox"/> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 <u>Deposit Account Number 501321</u> <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.
2. <input checked="" type="checkbox"/> Payment Enclosed <input checked="" type="checkbox"/> Check Number <u>2291</u> <input type="checkbox"/> Money Order <input type="checkbox"/> Other

FEE CALCULATION						
1. BASIC FILING FEE						
	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
	1001		2001	375.00	Utility Filing Fee	\$375.00
	106		206		Design Filing Fee	\$
	107		207		Plant Filing Fee	\$
	108		208		Reissue Filing Fee	\$
	114		214		Provisional Filing Fee	\$
SUBTOTAL (1)						\$ 375.00

2. EXTRA CLAIM FEES								
				Extra Claims		Fee From Below		Fee Paid
Total Claims	[34]	-20 **	Equals	[14]	Times	[9.00]	Equals	\$126.00
Independent Claims	[2]	-3 **	Equals	[0]	Times	[0]	Equals	\$ 0.00
Subtotal (2)								\$126.00
** or number previously paid, if greater, For Reissues, see below								
	Large Entity		Small Entity		Fee Description			
	Fee Code	Fee (\$)	Fee Code	Fee (\$)				
	1202		2202	9.00	Claims in excess of 20			
	1201		2201	42.00	Independent claims in excess of 3			
	104		204		Multiple dependent claim, if not paid			
	109		209		** Reissue independent claims over original patent			
	110		210		** Reissue claims in excess of 20 and over original patent			

7. ☐ Assignment Papers (cover sheet & documents(s))

8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
☒ Power of Attorney

9. ☐ English Translation Document (if applicable)

10. ☐ Information Disclosure Statement (IDS)/PTO-1449
☐ Copies of IDS Citations

11. ☐ Preliminary Amendment

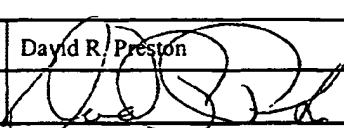
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. ☒ * Small Entity Statement(s) (PTO/SB/09-12)
☐ Statement filed in prior application. Status still proper and desired

14. ☐ Certified Copy of Priority Document(s)
(If foreign priority is claimed)

15. ☒ Other: Certificate of Mailing by Express Mail

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) Of prior application No: _____
Prior application Information: Examiner _____ Group Art Unit _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion as been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE INFORMATION			
<input checked="" type="checkbox"/> Customer Number 24232 or Bar Code Label []			
<input type="checkbox"/> Correspondence address below			
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Signature		Date	6/23/03

Corresponds to PTO/SB/05